CAMBRIDGE MD.

- STATE

(VRA 15, 4)

THOMAS

FUNERAL HOME

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		Michael J.	Fadden, MD		302		ins Avenu	e, Hu	irloc	k,N	ID O	
		BURIAL, CREMATION, REMOVAL (SPECIFY)			emetery or c		23d LOCATION CITY OF TOWN EastNew	Marke	county t.Do	reh	STATE N	TE VID

DHMH - 16 50M 1/B1 (VRA 15, 4)

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Zeller Funeral Home, East New Market, MD

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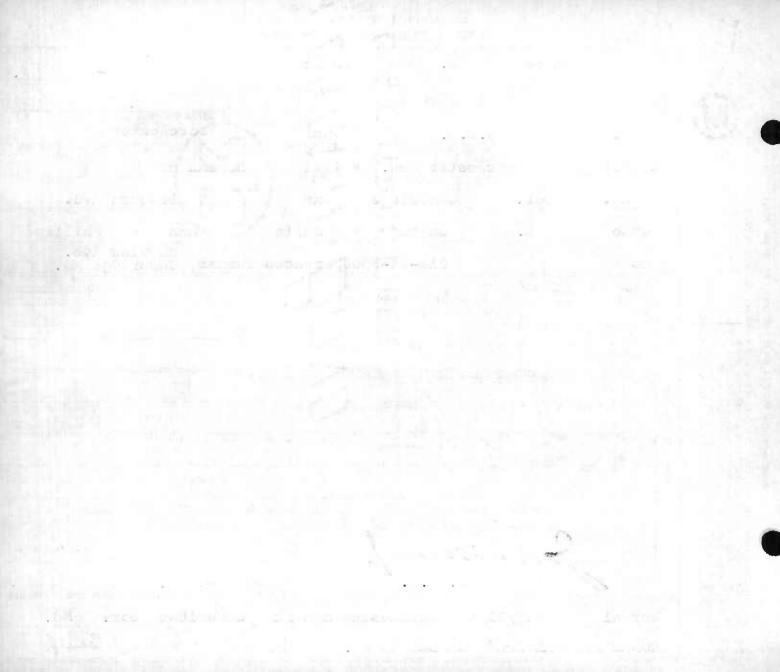
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DEPARTMENT OF HEALTH AND MENTAL HYGIENS - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME FIRST O. DATE KNOWN X MONTH DAY 26 HOUR (TYPE OR PRINT) OF ESTI-G. Hudson Agnes 4 RACE 3. SEX 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE MONTH LAST BIRTHDAY PRONOUNCED 2PM Negro 12-15, 192 DEAD In BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DREIGN COUNTRY) IISA WIDOWED TO Dorchester County DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126. KIND OF BUSINESS 120. USUAL OCCUPATION (TYPE OF WORK PAGE OT Camper St. Cambridge BE SHOULD BE L RECORDS, USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS BALTIMORE, MD. 21201 Md. Dor. Cambridge YES K Camper NO [DIVISION OF ALTAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE Clark Lisa Wvatt Clark FORM 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 231-28-5846 Georgia Knight, Washington, D.C. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), BURIAL-TRANSIT PERMIT. DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Coronary occlusion Hew 1 1118 MMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF OR REMOVAL Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. AND CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a, DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? E DEPARTMENT OF I YES NO TO 718 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED THE PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE WHILE AT WORK PAGE STATE 21201 TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P. AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 217 27a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion Natural causes X death resulted fram-Accident Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Deputy SIGNATURE MEDICAL EXAMINER EXAMINER'S MAME John Mace Jr. M.D. Cambridge, Md. ADDRESS 23d. LOCATION 736 BURIAL, CREMATION, REMOVAL 736. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE COUNTY 82 Burial Bethel Cametery Cambridge. Dor. BP DEC 28 1982 24. FUNERAL DIRECTOR **DHMH-17** (VR A15 ME (5)) Clair Funera. ome Cambrid 15M 7/77

FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE KNOWN 2b. HOUR (TYPE OR PRINT) Sadie Insley B. OF ESTI-4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE LINYEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE 92 YRS 23 BAY PRONOUNCED 189 female white DEAD 1082 TA BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) MARRIED NEVER MARRIED Dorchester U.S.A. WIDOWED DIVORCED 2, AND 3 TO THE FL 3. RETAIN PAGE 5 SHOULD BE FILED, IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Cambridge Gen. Hospital homemaker Dorchester OF MITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE, MD. 21201 13m STATE 1136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 520 Glenburn Ave. Cambridge Md. Dor. YESTX NO [14. FATHER'S NAME AND 2 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Otho Smith Julia Phillips Ann 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Bayview Ave. (YES, NO. OR UNKNOWN) 219-14-3006 Frances Thomas Cambridge Md. no 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ED AS A BURIAL-TRANSIT PERMIT HEALTH AND MENTAL HYGIENE, AL CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Coronary occlusion DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. DIVISION OF VITAL RECORDS, 201 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? PRIOR TO BURIAL, YES [NO. FORWARDED TO THE COR: PAGE 3 SHOULD BE THE STATE DEPARTMENT 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME. 214 INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE NOT WHILE AT WORK PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAGE
AFTER DEATH, WITH THE STATE
BALTIMORE, MARYLAND, 2120 AT WORK 22a I certify that I took charge of the remains described above, held on Autapsy Inspection and in my opinion deoth resulted from: Natural causes Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE MEDICAL EXAMINER EXAMINER'S & Joinn. Mace Cambridge, Md. TYPE OR PR ADDRESS 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN SPECIFY) STATE Dorchester Mem Pk Md. burial Cambridge Dor. BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 200 REGISTRAR'S SIGNATURE **DHMH-17** FUNERAL HOME CAMBRIDGE MD. (VR A15 ME (5)

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O de los		RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR U.S.A.	MARRIED LI NEVER MA	ARRIED 9	Wi-oomie	R COUNTY OF		r MD.
offer d		Galestown Sharptown		GING HOME OR OTHER INSTIT	(20 USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) IT	26. KIND OF E NDUSTRY	BUSINESS OR
AND 21201 1.24 hours of filled in the ould be the find the filled in the	USU 13a	AL RESIDENCE (IF NURSING HOME OR ITATE 136 COUN Wico	OTHER INSTITUTION, GIVE RESIDENCE BEI	WN 1134 INSIDE CITY		733 Cam	67-137	е.	
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ST., g ph on p		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ly one couse per line for (o), (b), DBY. E CAUSE (o). Metas	tatic Carcin	noma			BETWEEN ONS MONT	TE INTERVAL SET AND DEATH
PRESTON he deoth ce he ottendin emove corb motion, or r		Conditions, if any, which gove rise to immediate	DUE TO, OR AS A CONSECUTION Bilat	eral Carcino	oma of	Breasts		year	
that the dby the lease remain, creman		couse (o), stating the underlying couse lost	DUE TO, OR AS A CONSEC	UENCE OF					
ORDS, 20 requires en signe in Then plorty, or to bur y injury, or	NOIL		CONDITIONS <u>CONTRIBUTING T</u>						
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attenblingspital or CTOR. A for use of Healings		22a.1 certify that (1) (this hospit saw the decrosed alive an above, (1) (see) (did) (did no		, and that in (my) (a	., 19 our) opinion dec	, to 12-19 or the do	, 17	from the co	
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DHMH - 16 60M 1/75 (VR A 15 (4))		Ineral Director LTrich Funers	l Home, Berl	in, Md.	-	2 9 1982		SSIGNATUR	

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&		FOR STATE REGISTRAR			CERTIFIC	ATE OF D	NENTAL HYGI EATH	RE	G. NO.	e e		
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	3. SE	female	4 RACE white		5 DATE OF	DAY	1914 1982	6. AGE (IN YEARS LA	ST BIRTHDAY)		YEAR IF UNDER	24 HRS MIN
M R	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) WEEMS Va.	U.S. A		MARRIED WIDOWED	NEVER M	AARRIED	9. BALTIMORE CI	heste		Н	MD.
à	10. C	Cambridge	11. NAME OF HOS LIE NOT IN SUCH FAI DOTCHE	PITAL, NURSING STREET COSTER CONTROL OF COSTER COST	G HOME OR poress) enera	other inst	sp.	12a. USUAL OCCU	PATION OST OF WORKING	G LIFE) 12b. KIN INDUS DU	of BUSINE TRY Sines	
35	130.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	OTHER INSTITUTION, GIVE VTY 13c.	RESIDENCE BEFORE	idge		ITY LIMITS?	13e. STREET ADD	ss Bour	ndary	Ave.	
Supering Plans	14. F.	William	MIDDLE	Landor			MAIDEN NAM	MIDI			albot	
medical	160 \	WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV		500 TAL SECU		Kenn		Miles	DDRESS	tem #	13	
any injury, or other froum.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT (A CONSEQUE	NCE OF	OT RELATED		NAL DISEASE OR 2011 AUTOPSY?	20b. IF	GIVEN IN PAR YES, WERE FII RTIFYING CAL	NDINGS USEI	D
ked or Irem 18 shows	CERTIFI	210. ACCIDENT WAS UNDERLYING				lic HOW IN	JURY OCCURR	YES NO.	2	YES 🗌	NO [
rked or Item 18	MEDICAL	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED WHILE AT WORK AT WORK	P.M. 21e. PLACE OF 1		19	IF. LOCATIO STREET			ORTOWN	COUNT		STATE
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- v s <u>s</u>		BURIAL, CREMATION, REMOVAL (SPECIFY) burial	23b DATE 12/11/		orche:		REMATORY Mem Pk	23d LOCATION CITY OR TOV	VN	Dor.	Mď	TATE
BOM 2/80 5, 4)		UNERAL DIRECTOR THOMAS FUNERA			RIDGE			REC'D. BY REGIS				A

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	REGIST	NAME FIRST		MIDDLE	LEXAMINE	LAST *		REG. N		
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	_{Male}	1. RACE Negro	S DATE MONTH	35 BIRTH 3 1906	6. AGE (IN YEAR LAST BIRTHDAY 76 YRS	MONTHS DAYS	HOURS MIN.	PRONOUNCED	монтн	1982
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0	Camb	rown of DEATH	802	TIN SUCH FACILITY, GM	llips S	or other institu	FO	SUAL OCCUPATION (TY) R MOST OF WORKING LIFE) ADOTER	PE OF WORK 12b	OR INDUSTR
5 13a	UAL RESID	Md. 13b. CO		T. GIVE RESIDEN	TY OR TOWN	13d. INSIDE (ITY LIMITS? 13e. ST	REET ADDRESS 80 Phillip		
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N C		OTHER SIGNIFICANT CONDITION				AL DISEASE OR CONDITION				
-15		TIE OF OFERATION	14	CONDITION FO	K WHICH OPEKA	HON WAS PERFOR	WED?			20. AUTOPSY?
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CAL CERTIFICATI	210. EX	ITERNAL CAUSE WAS RLYING OR RIBUTING CAUSE O	H	b. TIME OF INJURY IOUR A.M. MONT P.M.		21c. HOW INJURY	OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)	YES 🏗
MEDICAL CERTIFICATION	21a. EX UNDER CONTI 21d IN WHILE AT WO	RLYING OR RIBUTING CAUSE O JURY OCCURRED	OF DEATH 21	OUR A.M. MONT	H DAY YEAR 19 RY (ATHOME,	21c. HOW INJURY 211. LOCATION STREET	OCCURRED (ENTE	R NATURE OF INJURY IN ITEM 18	B PART 1 OR PART 2)	
BAITMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, C	22a death ACTUA SIGNA	REYING OR RIBUTING CAUSE OF CA	OF DEATH 21 corge of the reatural causes	IOUR A.M. MONT P.M. P.M. PLACE OF INJUI STREET, FACTORY, FARM Compains described of	H DAY YEAR 19 RY (ATHOME, ,ETC.) bove, held an ort , Suici	211. LOCATION STREET Autopsy X, de , Homi	Inspection	CITY OR TOWN	COUNTY	,
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Y IN ITEM 18 PART 1 OR PART 2	YES NC
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NOT REAL OF THE PERSON SHOWN AND REAL PROPERTY.

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIR51 20 DATE OF DEATH MONTH 76 HOUR (TYPE OR PRINT) 82 12 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR Male MONTH Caucasian 1911 TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland DIVORCED X CITY OR OWN OF DEATH 176 KIND OF BUSINESS OR INDUSTRY . Nursing assistant Hospital amoridae Westminstel COUNTY CARROLL 130 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Carch 126 Cherry Lane, Golds 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Kupinski Jose Nawrot bridge 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO 17 INFORMANT 4716 Deer Park Road 07 0141 Paul Nawrot (brother) NO Owings Mills, md. 21117 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Conditions, if ony, which gove rise to immediate (a), stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOD NO [

2 la. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH

19

CITY OR TOWN AT HOME, STREET, FACTORY OFFICE, FARM ETC) COUNTY STATE NOT WHILE 220. certify that (this haspital) attended the deceased from_ Jan

211 LOCATION

82, and that in (our) opinion death occurred on the date and hour and from the causes stated saw the deceased alive an __ view the body ofter death

226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

P.M

21e. PLACE OF INJURY

Eastern Shore Hospital Center, Cambridge,

23¢ NAME OF 24 FUNERAL DIRECTOR

DHMH - 16 50M 1/81 (VRA 15, 4)

MEDICAL

(IF EITHER NOTIFY MEDICAL EXAMINER)

21d INJURY OCCURRED

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(VRA 15, 4)

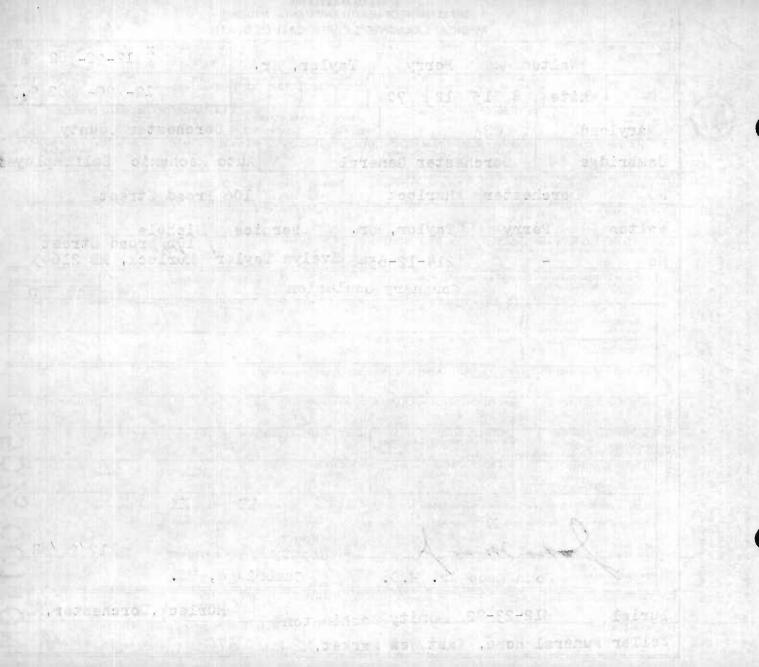
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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Į	1.	FOR - STATE REGISTRAR	C	EPARTMENT OF H	E OF MARYLAN LEALTH AND MI ICATE OF DE	ENTAL HYGIE	NE 8 2	3 2	2	5 /
		CEASED NAME FIRST Ling	an Leon	Spice	r		Dec. 13	1982	YEAR	7:30 a
25	3. SE.	male	White	5. DATE O		1896	AGE (IN YEARS LAST BIR	HDAY) IF UNDI		IF UNDER 24 HRS. HOURS MIN.
Ž		RTHPLACE (STATE OR FOREIGN COUNTRY) Md.	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIEI WIDOWE	D MEVER MA	ARRIED D	BALTIMORE CITY O	COUNTY OF DE	EATH	MD.
2	G	olden Hill	11. NAME OF HOSPITAL (IF NOT IN SUCH FACILITY, O State	Rt. 335	OR OTHER INSTIT		2d. USUAL OCCUPATION TO FORESTO	on 12b. working life) INC r-State	KIND OF OUSTRY	Md.
35	13a. S			or town Hil	TYES 1	Y LIMITS?	3e. SFETADORESS	. Вож 6	33	
90	14. F.A	THER'S NAME Lingan Tr	avers Sp:	íčer	15. MOTHER'S A		WIDGIE		Keëh	e
1		VAS DECEASED EVER IN U.S. A YES NO OR UNKNOWN) (IF YES, O	1945 144 10 00 D 1 7551	1AL SECURITY NO. -16-9114	Mrs.		Spicer	Church	Cre	ek Md.
2	CERTIFICATION	Conditions, if ony, which gave rise to immediate couse (a), stoting the underlying cause last. PART OTHER SIGNIFICANT MANUAL 19a DATE OF OPERATION	DUE TO, OR AS A CO (b) DUE TO, OR AS A CO (c) CONDITIONS CONTRIBUT	ONSEQUENCE OF SNALL OF ONSEQUENCE OF ONSEQUE	utes		Sea Se, JAL DISEASE OR CONE	DITION GIVEN IN 206. IF YES, WERI	E FINDING	
9	_	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF C	EATH HOUR A.M. MON	NTH DAY YEAR	21c. HOW INJU	JRY OCCURRE	YES NO	YES YES YES IN ITEM 18, PART 1 OR	(PART 2)	NO []
•	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTOR)	Y, OFFICE, FARM, ETC)	21f. LOCATION	_	city or to		DUNTY	STATE
		22a.1 certify that (1) (this has saw the Charles alive obays. (1) (Me) (did) (did) 22b. SIGNATURE	ins 10 - 18 inst yew the body ofter deat	19_ 82 , an	DECREE	IENDING \	ath occurred on the do	te and haur ond f	from the co	
		22d PHYSICIAN S NAME (170)	Luc	che	22e ADDRESS	OME	anyland	Ave		21613
	- {	BURIAL, CREMATION, REMOVA Burial	23b. DATE 12/15/82	23c NAME OF C	EMETERY OR CR	chyard				
		INERAL DIRECTOR HOMAS FUNERA	HOME CA	MBRIDGE	MD.		REC'D. BY REGISTRAR	REGISTRAR'S	SIGNATUR	RE

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Curran Funeral Home, 308 High St., Cambridge

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(VR A 15 (4))

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